

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90047 018 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # N94000002460**

1. Entity Name

**REGULAR VETERANS ASSOCIATION POST 3, INC.**

Principal Place of Business

**3621 CENTURY BLVD.  
LAKELAND FL 33803**

Mailing Address

**3621 CENTURY BLVD.  
LAKELAND FL 33811-1379**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3248073**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATHEY, TONYA S  
3621 CENTURY BLVD  
LAKELAND FL 33811**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PC	<input type="checkbox"/> Delete
NAME	HURST, THOMAS R	
STREET ADDRESS	5920 KIMBALL DR., APT A	
CITY-ST-ZIP	MULBERRY FL 33860	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SVP	<input type="checkbox"/> Delete
NAME	CATHEY, RICHARD E	
STREET ADDRESS	4921 S. DEVONSHIRE LN	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JVP	<input type="checkbox"/> Delete
NAME	CHAPMAN, WALTER	
STREET ADDRESS	P O BOX 1002 N/A	
CITY-ST-ZIP	SPARR FL 32192	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CRUCE, JERRY	
STREET ADDRESS	P.O. BOX 289 N/A	
CITY-ST-ZIP	PERRY FL 32347	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWMAN, JOHN	
STREET ADDRESS	5920 KIMBALL DR	
CITY-ST-ZIP	MULBERRY FL 33860	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILEY W	
STREET ADDRESS	4420 SHEPHERD ROAD	
CITY-ST-ZIP	MULBERRY FL 33860	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #